

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Aaron Manor Nursing and Rehab. Ctr
3 South Wig Hill Rd.
Chester, CT 06412

Provider Number: 000021684

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$285.65

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read "AB Reeves".

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
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OFFICE OF THE COMMISSIONER

August 11, 2023

Abbott Terrace Health Center
44 Abbott Terrace
Waterbury, CT 06702

Provider Number: 000010892

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$284.92

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Advanced Nursing and Rehab
169 Davenport Avenue
New Haven, CT 06519

Provider Number: 000000323

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$340.47

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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August 11, 2023

Amberwoods of Farmington
416 Colt Highway
Farmington, CT 06032

Provider Number: 000009241

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$270.24

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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August 11, 2023

Apple Rehab Avon
220 Scoville Road
Avon, CT 06001

Provider Number: 000010356

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$247.99

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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S. Ouellette, DSS,
N. Godburn, DSS
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August 11, 2023

Apple Rehab Colchester
36 Broadway
Colchester, CT 06415

Provider Number: 000010900

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$279.21

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Apple Rehab Cromwell
156 Berlin Road
Cromwell, CT 06416

Provider Number: 000009333

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$263.62

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Apple Rehab Farmington Valley
269 Farmington Ave.
Plainville, CT 06062

Provider Number: 000020298

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$258.90

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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August 11, 2023

Apple Rehab Guilford
10 Boston Post Road
Guilford, CT 06437

Provider Number: 000010686

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$263.76

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Apple Rehab Laurel Woods
451 North High Street
East Haven, CT 06512

Provider Number: 000021212

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$306.72

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read "AB Reeves".

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
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Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Apple Rehab Middletown
600 Highland Avenue
Middletown, CT 06457

Provider Number: 000020172

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$264.82

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
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OFFICE OF THE COMMISSIONER

August 11, 2023

Apple Rehab Mystic
28 Broadway
Mystic, CT 06355

Provider Number: 000010637

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$261.57

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Apple Rehab of Rocky Hill
45 Elm Street
Rocky Hill, CT 06067

Provider Number: 000020065

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$272.88

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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August 11, 2023

Apple Rehab Shelton Lakes
5 Lake Road
Shelton, CT 06484

Provider Number: 000010173

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$285.64

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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August 11, 2023

Apple Rehab Uncasville
5 Richard Brown Road
Uncasville, CT 06382

Provider Number: 000021064

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$286.01

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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S. Ouellette, DSS,
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OFFICE OF THE COMMISSIONER

August 11, 2023

Apple Rehab West Haven
308 Savin Avenue
West Haven, CT 06516

Provider Number: 000021361

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$276.38

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Apple Rehabilitation Watertown
35 Bunker Hill Road
Watertown, CT 06795

Provider Number: 000010827

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$271.55

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner



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OFFICE OF THE COMMISSIONER

August 11, 2023

Arden House
850 Mix Avenue
Hamden, CT 06514

Provider Number: 000020371

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$281.14

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Athena Meadowbrook LLC
350 Salmon Brook St.
Granby, CT 06035

Provider Number: 000020800

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$312.97

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Athena Meadowbrook LLC
350 Salmon Brook St.
Granby, CT 06035

Provider Number: 000095225

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	RHNS	\$312.97

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read "AB Reeves".

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
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Commissioner



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OFFICE OF THE COMMISSIONER

August 11, 2023

Autumn Lake Healthcare at Bucks Hill LLC
2817 North Main Street
Waterbury, CT 06704

Provider Number: 000007724

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$295.66

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Autumn Lake Healthcare at Cromwell LLC
385 Main Street
Cromwell, CT 06416

Provider Number: 000010256

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$291.00

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
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OFFICE OF THE COMMISSIONER

August 11, 2023

Autumn Lake Healthcare at New Britain LLC
400 Brittany Farms Road
New Britain, CT 06053

Provider Number: 000010520

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$303.25

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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August 11, 2023

Autumn Lake Healthcare at Norwalk LLC
34 Midrocks Road
Norwalk, CT 06851

Provider Number: 000021163

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$331.84

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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S. Ouellette, DSS,
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Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Avery Nursing Home
705 New Britain Avenue
Hartford, CT 06106

Provider Number: 000007500

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$305.27

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Avery Nursing Home
705 New Britain Avenue
Hartford, CT 06106

Provider Number: 000090795

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	RHNS	\$305.27

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Avon Health Center
652 West Avon Road
Avon, CT 06001

Provider Number: 000009381

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$293.63

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Bayview Health Care Center
301 Rope Ferry Road
Waterford, CT 06385

Provider Number: 000020503

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$294.85

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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Commissioner



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OFFICE OF THE COMMISSIONER

August 11, 2023

Beacon Brook Health Center
89 Weid Drive
Naugatuck, CT 06770

Provider Number: 000021238

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$291.92

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read "AB Reeves".

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
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DEPARTMENT OF SOCIAL SERVICES

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Commissioner



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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Beechwood
31 Vauxhall Street
New London, CT 06320

Provider Number: 000006221

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$298.92

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Bel-Air Manor
256 New Britain Avenue
Newington, CT 06111

Provider Number: 000021080

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$313.15

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Bethel Health Care-The Cascades
13 Parklawn Drive
Bethel, CT 06801

Provider Number: 000021387

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$369.08

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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August 11, 2023

Bickford Health Care Center
14 Main Street
Windsor Locks, CT 06096

Provider Number: 000010074

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$235.59

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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August 11, 2023

Bishop Wicke Health & Rehab. Ctr.
584 Long Hill Avenue
Shelton, CT 06484

Provider Number: 000008128

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$276.51

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Bloomfield Health Care Center, LLC
355 Park Ave.
Bloomfield, CT 06002

Provider Number: 000009134

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$321.05

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Bradley Home & Pavilion
320 Colony Street
Meriden, CT 06450

Provider Number: 000021577

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$284.13

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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OFFICE OF THE COMMISSIONER

August 11, 2023

Cambridge Health and Rehabilitation Center
2428 Easton Turnpike
Fairfield, CT 06825

Provider Number: 000020488

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$347.16

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Carolton Chronic and Conv. Hospital
400 Mill Plain Road
Fairfield, CT 06824

Provider Number: 000006064

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$282.65

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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August 11, 2023

Cassena Care at Norwalk
23 Prospect Avenue
Norwalk, CT 06850

Provider Number: 000020016

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$324.94

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read 'A. Barton Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
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Commissioner



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OFFICE OF THE COMMISSIONER

August 11, 2023

Cassena Care of Stamford
53 Courtland Avenue
Stamford, CT 06902

Provider Number: 000010843

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$322.35

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Chelsea Place Care Center
25 Lorraine Street
Hartford, CT 06105

Provider Number: 000009761

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$315.66

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Cherry Brook Health Care Center
102 Dyer Avenue
Canton, CT 06019

Provider Number: 000021254

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$309.88

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Cheshire House Nursing & Rehab Center
3396 East Main Street
Waterbury, CT 06705

Provider Number: 000006577

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$320.47

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Chestelm Health Care
534 Town Street
Moodus, CT 06469

Provider Number: 000010298

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$273.48

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Chestelm Health Care
534 Town Street
Moodus, CT 06469

Provider Number: 000091793

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	RHNS	\$273.48

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Chesterfields Health Care Center
132 Main Street
Chester, CT 06412

Provider Number: 000006338

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$255.40

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Civita Care Center at Cheshire
745 Highland Avenue
Cheshire, CT 06410

Provider Number: 000010454

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$301.59

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Civita Care Center at Danbury
107 Osborne Street
Danbury, CT 06810

Provider Number: 000010389

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$323.81

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Civita Care Center at Long Ridge
710 Long Ridge Road
Stamford, CT 06902

Provider Number: 000021197

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$362.96

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read "AB Reeves".

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Civita Care Center at Milford
2028 Bridgeport Avenue
Milford, CT 06460

Provider Number: 000008896

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$285.75

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Civita Care Center at Newington
240 Church Street
Newington, CT 06111

Provider Number: 000010397

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$304.16

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

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Sincerely,

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Civita Care Center at West River
245 Orange Avenue
Milford, CT 06460

Provider Number: 000020925

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$329.05

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa.Messner@ct.gov.

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Cobalt Lodge Health Care & Rehab. Ctr
RR 151
Cobalt, CT 06414

Provider Number: 000008136

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$254.37

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

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Sincerely,

A handwritten signature in cursive script, appearing to read 'A. Barton Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Cocomo Memorial Health Center
33 Cone Avenue
Meriden, CT 06450

Provider Number: 000020743

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$253.34

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read 'AB Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Colonial Health & Rehab Center of Plainfield, LLC
16 Windsor Avenue
Plainfield, CT 06374

Provider Number: 000020032

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$324.58

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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Commissioner



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OFFICE OF THE COMMISSIONER

August 11, 2023

Connecticut Baptist Homes
292 Thorpe Avenue
Meriden, CT 06450

Provider Number: 000010231

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$237.95

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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Commissioner



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OFFICE OF THE COMMISSIONER

August 11, 2023

Connecticut Baptist Homes
292 Thorpe Avenue
Meriden, CT 06450

Provider Number: 000095283

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	RHNS	\$237.95

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Cook Willow Health & Rehab Center
81 Hillside Avenue
Plymouth, CT 06782

Provider Number: 000009324

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$291.56

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read "AB Reeves".

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
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OFFICE OF THE COMMISSIONER

August 11, 2023

Countryside Manor
1660 Stafford Avenue
Bristol, CT 06010

Provider Number: 000021303

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$293.72

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

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cc: A. Davis, DSS
S. Ouellette, DSS,
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August 11, 2023

Crestfield Rehab Ctr & Fenwood Manor
565 Vernon Street
Manchester, CT 06042

Provider Number: 000010140

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$302.38

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Curtis Home-St. Elizabeth Center
380 Crown Street
Meriden, CT 06450

Provider Number: 000005413

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$289.72

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Douglas Manor
103 North Road
Windham, CT 06280

Provider Number: 000006932

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$314.90

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Elim Park Baptist Home
140 Cook Hill Rd
Cheshire, CT 06410

Provider Number: 000006668

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$317.37

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Evergreen Health Care Center
205 Chestnut Hill Road
Stafford Springs, CT 06076

Provider Number: 000020529

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$300.65

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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August 11, 2023

Fairview, Inc.
235 Lestertown Road
Groton, CT 06340

Provider Number: 000002584

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$284.50

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Farmington Care Center
20 Scott Swamp Road
Farmington, CT 06032

Provider Number: 000010447

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$309.42

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Filosa, For Nursing and Rehab.
13 Hakim Street
Danbury, CT 06810

Provider Number: 000004614

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$317.73

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
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N. Godburn, DSS
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Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Frances Warde Towers
2021 Albany Avenue
West Hartford, CT 06117

Provider Number: 000006809

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$308.09

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read 'A. Barton Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Fresh River Healthcare
96 Prospect Hill Road
East Windsor, CT 06088

Provider Number: 000009530

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$306.19

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
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OFFICE OF THE COMMISSIONER

August 11, 2023

Gardner Heights Health Care Center, Inc.
172 Rocky Rest Road
Shelton, CT 06484

Provider Number: 000009969

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$264.11

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
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OFFICE OF THE COMMISSIONER

August 11, 2023

Geer Nursing and Rehab. Center
99 South Canaan Road
Canaan, CT 06018

Provider Number: 000008433

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$298.49

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Gladeview Health Care Center
60 Boston Post Road
Old Saybrook, CT 06475

Provider Number: 000020248

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$312.28

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Glastonbury Health Care Center
1175 Hebron Avenue
Glastonbury, CT 06033

Provider Number: 000020280

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$298.16

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Glen Hill Center
1 Glen Hill Road
Danbury, CT 06810

Provider Number: 00007153

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$267.24

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner



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Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Governor's House Simsbury OPCO, LLC
36 Firetown Road
Simsbury, CT 06070

Provider Number: 000020628

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$322.37

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Grandview Rehabilitation and Healthcare Center
55 Grand Street
New Britain, CT 06052

Provider Number: 000010439

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$260.58

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Greentree Manor Nursing & Rehab. Ctr
4 Greentree Drive
Waterford, CT 06385

Provider Number: 000008425

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$288.13

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read "AB Reeves".

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
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OFFICE OF THE COMMISSIONER

August 11, 2023

Greenwich Woods Rehabilitation
1165 King Street
Greenwich, CT 06831

Provider Number: 000010934

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$255.33

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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August 11, 2023

Grimes Center
1354 Chapel Street
New Haven, CT 06511

Provider Number: 000020272

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$326.26

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

A handwritten signature in cursive script, appearing to read 'A. Barton Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Hamden Rehab. and Health Care Center
1270 Sherman Lane
Hamden, CT 06514

Provider Number: 000009902

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$277.32

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
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N. Godburn, DSS
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August 11, 2023

Hancock Hall
31 Staples Street
Danbury, CT 06810

Provider Number: 000021858

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$312.18

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Harbor Village North Rehab and Nursing Center
78 Viets Street Extension
New London, CT 06320

Provider Number: 000009647

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$249.03

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Hebrew Home
1 Abrahms Boulevard
West Hartford, CT 06117

Provider Number: 000000927

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$359.41

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Hewitt Health & Rehabilitation Center, Inc.
45 Maltby Street
Shelton, CT 06484

Provider Number: 000005876

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$264.67

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Ingraham Manor
400 North Main Street
Bristol, CT 06010

Provider Number: 000020561

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$295.60

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

JACC Healthcare Center of Danielson LLC
111 Westcott Road
Danielson, CT 06239

Provider Number: 000020454

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$310.34

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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E-mail: Commis.DSS@ct.gov
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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Jefferson House
1 John Stewart Drive
Newington, CT 06111

Provider Number: 000009936

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$313.49

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read 'A. Barton Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
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Ned Lamont
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Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Jerome Home, The
975 Corbin Avenue
New Britain, CT 06052

Provider Number: 000020652

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$301.18

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Jewish Senior Services
4200 Park Avenue
Bridgeport, CT 06604

Provider Number: 000009233

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$369.55

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Laurel Ridge Health Care Center
642 Danbury Road
Ridgefield, CT 06877

Provider Number: 000021262

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$337.64

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Ledgecrest Health Care Center, Inc
154 Kensington Road
Kensington, CT 06037

Provider Number: 000020462

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$256.40

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Litchfield Woods Health Care Ctr.
255 Roberts Street
Torrington, CT 06790

Provider Number: 000020347

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$291.40

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Litchfield Woods Health Care Ctr.
255 Roberts Street
Torrington, CT 06790

Provider Number: 000095077

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	RHNS	\$291.40

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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S. Ouellette, DSS,
N. Godburn, DSS
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Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

LiveWell Connecticut
1261 South Main Street
Plantsville, CT 06479

Provider Number: 000020933

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$321.50

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Lord Chamberlain Nursing & Rehabilitation Ctr.
7003 Main Street
Stratford, CT 06614

Provider Number: 000009688

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$300.35

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Ludlowe Center
118 Jefferson Street
Fairfield, CT 06432

Provider Number: 000006080

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$372.18

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa.Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read "AB Reeves".

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
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OFFICE OF THE COMMISSIONER

August 11, 2023

Lutheran Home of Southbury, Inc.
990 Main Street North
Southbury, CT 06488

Provider Number: 000006999

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$283.33

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
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OFFICE OF THE COMMISSIONER

August 11, 2023

Madison House
34 Wildwood Avenue
Madison, CT 06443

Provider Number: 000021444

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$302.02

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Maefair Health Care Center, Inc
21 Maefair Court
Trumbull, CT 06611

Provider Number: 000021428

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$308.77

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Manchester Rehabilitation and Healthcare Center
385 West Center Street
Manchester, CT 06040

Provider Number: 000008417

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$266.80

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Mansfield Center for Nursing & Rehab
100 Warren Circle
Storrs, CT 06268

Provider Number: 000021329

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$290.25

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Maple View Center for Health and Rehabilitation
856 Maple Street
Rocky Hill, CT 06067

Provider Number: 000009407

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$308.28

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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OFFICE OF THE COMMISSIONER

August 11, 2023

Marlborough Health & Rehab. Center
85 Stage Harbor Road
Marlborough, CT 06447

Provider Number: 000021056

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$303.21

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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August 11, 2023

Mary Wade Home, Inc., The
118 Clinton Avenue
New Haven, CT 06513

Provider Number: 000020511

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$323.30

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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August 11, 2023

Masonicare Health Center
22 Masonic Avenue
Wallingford, CT 06492

Provider Number: 000001198

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$297.55

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Mattatuck Health Care Facility, Inc.
9 Cliff Street
Waterbury, CT 06710

Provider Number: 000091447

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	RHNS	\$155.11

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read 'A. Barton Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
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Commissioner



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OFFICE OF THE COMMISSIONER

August 11, 2023

Matulaitis Nursing Home
10 Thurber Rd.
Putnam, CT 06260

Provider Number: 000009894

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$267.45

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

McLean Health Center
75 Great Pond Road
Simsbury, CT 06070

Provider Number: 000008847

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$323.34

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

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S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Middlebury Conv. Home, Inc.
778 Middlebury Road
Middlebury, CT 06762

Provider Number: 000007047

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$274.50

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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August 11, 2023

Middlesex Health Care Center
100 Randolph Rd.
Middletown, CT 06457

Provider Number: 000009472

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$272.17

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Milford Health and Rehab. Center
195 Platt Street
Milford, CT 06460

Provider Number: 000010561

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$339.97

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Miller Memorial Community, Inc.
360 Broad Street
Meriden, CT 06450

Provider Number: 000009928

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$303.51

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Monsignor Bojnowski Manor
50 Pulaski Street
New Britain, CT 06053

Provider Number: 000009332

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$293.71

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Montowese Health & Rehab. Ctr., Inc.
163 Quinnipiac Avenue
North Haven, CT 06473

Provider Number: 000010157

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$303.35

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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August 11, 2023

Mystic Manor, Inc.
475 High Street
Mystic, CT 06355

Provider Number: 000008391

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$281.10

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa.Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read 'A. Barton Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
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Commissioner



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OFFICE OF THE COMMISSIONER

August 11, 2023

Nathaniel Witherell
70 Parsonage Road
Greenwich, CT 06830

Provider Number: 000005645

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$333.10

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

New London Sub Acute and Rehab
88 Clark Lane
Waterford, CT 06385

Provider Number: 000010488

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$245.86

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

New Milford Rehab LLC
30 Park Lane East
New Milford, CT 06776

Provider Number: 000009266

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$285.10

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Newtown Rehabilitation & Health Care
139 Toddy Hill Road
Newtown, CT 06470

Provider Number: 000010207

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$311.45

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Noble Horizons
17 Cobble Road
Salisbury, CT 06068

Provider Number: 000009365

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$306.83

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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August 11, 2023

Noble Horizons
17 Cobble Road
Salisbury, CT 06068

Provider Number: 000091777

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	RHNS	\$306.83

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Northbridge Health Care Center
2875 Main Street
Bridgeport, CT 06606

Provider Number: 000010835

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$320.85

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Norwich Sub-Acute and Nursing
93 West Town Street
Norwichtown, CT 06360

Provider Number: 000008599

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$227.17

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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Commissioner



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OFFICE OF THE COMMISSIONER

August 11, 2023

Notre Dame Conv. Home, Inc.
76 West Rocks Road
Norwalk, CT 06851

Provider Number: 000002865

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$275.64

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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August 11, 2023

Orange Health Care Center
225 Boston Post Rd.
Orange, CT 06477

Provider Number: 000004978

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$291.03

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read 'AB Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
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OFFICE OF THE COMMISSIONER

August 11, 2023

Parkville Care Center, LLC
5 Greenwood Street
Hartford, CT 06106

Provider Number: 000020081

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$310.79

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Pierce Memorial Baptist Home, Inc.
44 Canterbury Rd.
Brooklyn, CT 06234

Provider Number: 000006007

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$314.26

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Pilgrim Manor
52 Missionary Road
Cromwell, CT 06416

Provider Number: 000007260

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$251.45

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Portland Care and Rehab. Center, Inc.
333 Main Street
Portland, CT 06480

Provider Number: 000008714

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$279.90

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Regency House Nursing and Rehabilitation Center
181 East Main Street
Wallingford, CT 06492

Provider Number: 000009084

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$342.26

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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August 11, 2023

River Glen Health Care Center
162 South Britain Rd.
Southbury, CT 06488

Provider Number: 000009431

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$259.72

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Riverside Health and Rehabilitation Center
745 Main Street
East Hartford, CT 06108

Provider Number: 000010009

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$337.48

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
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OFFICE OF THE COMMISSIONER

August 11, 2023

Saint John Paul II Center
33 Lincoln Ave.
Danbury, CT 06810

Provider Number: 000010678

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$297.23

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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Commissioner



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OFFICE OF THE COMMISSIONER

August 11, 2023

Saint Joseph's Living Center
14 Club Road
Windham, CT 06280

Provider Number: 000020397

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$274.01

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



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Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Saint Joseph's Residence
1365 Enfield Street
Enfield, CT 06082

Provider Number: 000009019

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$301.97

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

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Commissioner, CT Department of Social Services

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OFFICE OF THE COMMISSIONER

August 11, 2023

Salmon Brook Rehab and Nursing
72 Salmon Brook Drive
Glastonbury, CT 06033

Provider Number: 000020412

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$282.27

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Saybrook Health Care Center
1775 Boston Post Road
Old Saybrook, CT 06475

Provider Number: 000007252

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$258.54

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Seabury Health Center
200 Seabury Drive
Bloomfield, CT 06002

Provider Number: 000021030

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$308.19

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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OFFICE OF THE COMMISSIONER

August 11, 2023

Shady Knoll Health Center, Inc
44 Skokorat Street
Seymour, CT 06483

Provider Number: 000021072

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$293.65

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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OFFICE OF THE COMMISSIONER

August 11, 2023

Sharon Health Care Center
27 Hospital Hill Road
Sharon, CT 06069

Provider Number: 000020941

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$312.68

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Sheriden Woods Health Care Center
321 Stonecrest Drive
Bristol, CT 06010

Provider Number: 000020040

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$274.36

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Silver Springs Care Center
33 Roy Street
Meriden, CT 06450

Provider Number: 000010660

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$312.06

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Skyview Rehab and Nursing
35 Marc Drive
Wallingford, CT 06492

Provider Number: 000007427

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$250.32

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Southington Care Center
45 Meriden Avenue
Southington, CT 06489-3213

Provider Number: 000020602

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$310.08

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read 'A. Barton Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
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Commissioner



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OFFICE OF THE COMMISSIONER

August 11, 2023

St. Camillus Stamford OPCO, LLC
494 Elm Street
Stamford, CT 06902

Provider Number: 000020363

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$332.21

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

St. Joseph's Center
6448 Main Street
Trumbull, CT 06611

Provider Number: 000006841

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$310.90

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Suffield House, The
1 Canal Road
Suffield, CT 06078

Provider Number: 000020751

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$287.10

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

The Guilford House, LLC
109 West Lake Avenue
Guilford, CT 06437

Provider Number: 000004606

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$302.32

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

The Pines at Bristol
61 Bellevue Avenue
Bristol, CT 06010

Provider Number: 000009043

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$319.93

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

The Reservoir
One Emily Way
West Hartford, CT 06107

Provider Number: 000021668

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$315.44

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

The Summit at Plantsville
261 Summit Street
Plantsville, CT 06479

Provider Number: 000009464

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$283.76

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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Commissioner



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OFFICE OF THE COMMISSIONER

August 11, 2023

The Villa at Stamford
88 Rockrimmon Road
Stamford, CT 06903

Provider Number: 000007161

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$333.92

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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Commissioner



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Susan Bysiewicz
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OFFICE OF THE COMMISSIONER

August 11, 2023

The Willows
225 Amity Road
Woodbridge, CT 06525

Provider Number: 000020553

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$307.01

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Touchpoints at Bloomfield
140 Park Avenue
Bloomfield, CT 06002

Provider Number: 000010876

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$313.24

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in blue ink, appearing to read "AB Reeves".

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Touchpoints at Chestnut
171 Main Street
East Windsor, CT 06088

Provider Number: 000023143

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$292.87

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Touchpoints at Manchester
333 Bidwell Street
Manchester, CT 06040

Provider Number: 000020123

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$323.14

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Trinity Hill Care Center, LLC
151 Hillside Avenue
Hartford, CT 06106

Provider Number: 000009555

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$351.58

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Twin Maples Healthcare, Inc.
809-R New Haven Road
Durham, CT 06422

Provider Number: 000023151

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$236.89

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Valerie Manor
1360 Tarringford Road
Torrington, CT 06790

Provider Number: 000010702

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$278.72

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

A handwritten signature in cursive script, appearing to read 'A. Barton Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Vernon Rehabilitation and Healthcare Center
180 Regan Road.
Vernon, CT 06066

Provider Number: 000009910

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$263.10

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Villa Maria Nursing & Rehabilitation
20 Babcock Avenue
Plainfield, CT 06374

Provider Number: 000010066

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$250.06

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Village Crest Center for Health & Rehabilitation
19 Poplar Street
New Milford, CT 06776

Provider Number: 000008771

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$320.16

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Village Green of Bristol Rehab. and Health Center
23 Fair Street
Forestville, CT 06010

Provider Number: 000020164

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$297.91

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read 'AB Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
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OFFICE OF THE COMMISSIONER

August 11, 2023

Wadsworth Glen Health Care & Rehab Ctr
30 Boston Road
Middletown, CT 06457

Provider Number: 000020256

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$293.65

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Waterbury Gardens Nursing and Rehab
128 Cedar Ave
Waterbury, CT 06706

Provider Number: 000020156

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$294.42

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Water's Edge Center for Health & Rehab.
111 Church Street
Middletown, CT 06457

Provider Number: 000020975

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$326.13

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Waveny Care Center
3 Farm Road
New Canaan, CT 06840

Provider Number: 000009423

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$305.88

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

West Hartford Health & Rehab. Center
130 Loomis Drive
West Hartford, CT 06107

Provider Number: 000009738

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$307.90

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Westport Rehab Complex
1 Burr Road
Westport, CT 06880

Provider Number: 000010371

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$347.16

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Westside Care Center
349 Bidwell Street
Manchester, CT 06040

Provider Number: 000007807

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$311.37

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Westview Health Care Center
150 Ware Road
Dayville, CT 06241

Provider Number: 000009308

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$308.19

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Whispering Pines Rehabilitation and Nursing Center
38 Talmadge Ave
East Haven, CT 06512

Provider Number: 000009951

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$288.35

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

Whitney Center
200 Leeder Hill Drive
Hamden, CT 06517

Provider Number: 000009852

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$295.75

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of grievance.

You must comply with both requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read 'A. Barton Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
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OFFICE OF THE COMMISSIONER

August 11, 2023

Whitney Rehabilitation Care Center
2798 Whitney Avenue
Hamden, CT 06518

Provider Number: 000009027

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$273.31

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Wilton Meadows Health Care Center
439 Danbury Road
Wilton, CT 06897

Provider Number: 000020321

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$275.60

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Windham Health & Rehab LLC
595 Valley Street
Willimantic, CT 06226

Provider Number: 000020438

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$285.99

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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August 11, 2023

Windsor Health and Rehab Center
581 Poquonock Avenue
Windsor, CT 06095

Provider Number: 000009589

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$259.12

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Wolcott Hall Nursing Center, Inc
215 Forest Street
Torrington, CT 06790

Provider Number: 000010967

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$252.34

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Sincerely,

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Wolcott View Manor
50 Beach Road
Wolcott, CT 06716

Provider Number: 000009720

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$270.62

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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OFFICE OF THE COMMISSIONER

August 11, 2023

Woodlake at Tolland
26 Shenipsit Lake Road
Tolland, CT 06084

Provider Number: 000020991

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$299.93

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

WV-Parkway Pavilion
1157 Enfield Street
Enfield, CT 06082

Provider Number: 000009597

Dear Provider:

For the period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$266.58

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacements, or other reasons may result in a revision to the rate issued herein. Please be advised that pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

ARK Healthcare & Rehabilitation at Branford Hills
189 Alps Road
Branford, CT 06405

Provider Number: 000009977

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$302.00

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in blue ink, appearing to read 'AB Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
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DEPARTMENT OF SOCIAL SERVICES

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Commissioner



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OFFICE OF THE COMMISSIONER

August 11, 2023

Bride Brook Rehab and Nursing Center
23 Liberty Way
Niantic, CT 06357

Provider Number: 000020826

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$295.88

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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August 11, 2023

Complete Care at Fox Hill LLC
1253 Hartford Turnpike
Rockville, CT 06066

Provider Number: 000008029

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$253.00

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

Complete Care at Glendale Center LLC
4 Hazel Drive
Naugatuck, CT 06770

Provider Number: 000010975

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$269.99

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Complete Care at Groton Regency LLC
1145 Poquonock Road
Groton, CT 06340

Provider Number: 000020355

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$243.54

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Complete Care at Harrington Court LLC
59 Harrington Court
Colchester, CT 06415

Provider Number: 000008961

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$292.65

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Complete Care at Kimberly Hall North
One Emerson Drive
Windsor, CT 06095

Provider Number: 000010769

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$262.80

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Complete Care at Kimberly Hall South
One Emerson Drive
Windsor, CT 06095

Provider Number: 000010751

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$265.00

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
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OFFICE OF THE COMMISSIONER

August 11, 2023

Complete Care at Meriden Center LLC
845 Paddock Avenue
Meriden, CT 06450

Provider Number: 000008995

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$262.02

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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OFFICE OF THE COMMISSIONER

August 11, 2023

Leeway
40 Albert Street
New Haven, CT 06511

Provider Number: 000042169

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	AIDSNF	\$474.38

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

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Commissioner, CT Department of Social Services

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
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DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

New Haven Center for Nursing & Rehab LLC
181 Clifton Street
New Haven, CT 06513

Provider Number: 000008177

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$317.57

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in blue ink, appearing to read 'AB Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Pendleton Rehab and Nursing Center
44 Maritime Drive
Mystic, CT 06355

Provider Number: 000020694

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$285.96

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
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OFFICE OF THE COMMISSIONER

August 11, 2023

SecureCare Options, LLC
60 West Street
Rocky Hill, CT 06067

Provider Number: 008046363

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$454.15

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Southport Center for Nursing & Rehab LLC
930 Mill Hill Terrace
Southport, CT 06890

Provider Number: 000008508

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$332.51

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Torrington Center for Nursing & Rehab LLC
80 Fern Drive
Torrington, CT 06790

Provider Number: 000009621

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$307.73

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

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Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Trinity Hill Care Center, LLC
151 Hillside Avenue
Hartford, CT 06106

Provider Number: 000049553

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	AIDSNF	\$351.13

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

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Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Trinity Terraces
560 Woodbury Road
Watertown, CT 06795

Provider Number: 000008813

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$262.69

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
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OFFICE OF THE COMMISSIONER

August 11, 2023

Village Green of Bristol Rehab. and Health Center
23 Fair Street
Forestville, CT 06010

Provider Number: 000520165

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	SLTC	\$491.20

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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August 11, 2023

Waterbury Center for Nursing & Rehab
177 Whitewood Road
Waterbury, CT 06708

Provider Number: 000009001

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$325.72

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

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cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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OFFICE OF THE COMMISSIONER

August 11, 2023

Waterbury Gardens Nursing and Rehab
128 Cedar Ave
Waterbury, CT 06706

Provider Number: 000520157

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	SLTC	\$404.22

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you believe that you have been aggrieved by this rate decision and would like to request a hearing, you must:

- (1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email, or delivery of the request; **AND**
- (2) Send a detailed, written description of all items of aggrievement **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the date of the postmark, email, or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in a timely manner in order for the Department to approve your request for a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Service, 55 Farmington Avenue 9th floor, Hartford, CT 06105, or Theresa. Messner@ct.gov.

Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in cursive script, appearing to read 'AB Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

Phone: (860) 424-5008 • Fax: (860) 424-5057
TTY: 1-800-842-4524
E-mail: Commis.DSS@ct.gov
Hartford, Connecticut 06105-3730
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STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Andrea Barton Reeves, J.D.
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

OFFICE OF THE COMMISSIONER

August 11, 2023

West Haven Center for Nursing & Rehab LLC
310 Terrace Avenue
West Haven, CT 06516

Provider Number: 000010926

Dear Provider:

For the interim rate period of July 1, 2023, through June 30, 2024, the following reimbursement rate for State-aided residents in your facility has been determined pursuant to Section 17b-340d of Connecticut General Statutes (CGS), as amended, and the regulations promulgated pursuant thereto:

<u>Rate Period</u>	<u>Licensure</u>	<u>Per Diem</u>
07/01/2023 – 06/30/2024	CCNH	\$302.08

The July 1, 2023, rate has been determined pursuant to Public Act 23-204. There shall be no inflationary increases to rates beyond those already factored into the acuity-based reimbursement model for the fiscal year ended June 30, 2024. Please note, quarterly case mix adjustments will be made to the direct-care component of the rate based on the acuity-based reimbursement methodology for Medicaid reimbursement of nursing home services.

Please note, rates are subject to further adjustment for after-discovered differences in cost data as reported in applicable year-end cost reports, particularly as the result of desk review and/or field audit and any conditions included in the initial interim rate letter. In addition, due to year-to-year rate increase limitations in statute, changes to rates issued for prior rate periods due to audit, interim rate replacement, or other reasons could result in a revision to the rate issued herein.

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Any questions or correspondence concerning this rate letter should be directed to Nicole Godburn, Fiscal Manager, Reimbursement and Certificate of Need, Department of Social Services (860-424-5393).

Sincerely,

A handwritten signature in blue ink, appearing to read 'AB Reeves'.

Andrea Barton Reeves, J.D.
Commissioner, CT Department of Social Services

cc: A. Davis, DSS
S. Ouellette, DSS,
N. Godburn, DSS
Myers and Stauffer

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